

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Rm | | 10-16-01 |
| O.I.P.E. CLASSIFIER | | | 10-16-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | TD | JG1125 | 11/16/01 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral)... Canceled A Appeal
 Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy